U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6945	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name GARY M TIBONI	Name TEAMSTERS LOCAL UNION 436		
	Labor Organization File Number 018-978		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 6051 CAREY DRIVE	Street 6051 CAREY DRIVE		
City VALLEY VIEW	City VALLEY VIEW		
State Ohio ZIP Code + 4 44125	State Ohio ZIP Code + 4 44125		
5. Position in labor organization.  PRESIDENT			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
3.2.4 it (	Aggression religions in items and a security of the contract o		
Street	7.b. Amount.		
Street City	7.b. Amount.		
	7.b. Amount.		
City State ZIP Code +, 4			
City  State  ZIP Code +, 4	ature  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		
State ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing GARY TIBONI	F	ile Number <b>U-</b>		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name MASTERS & ASSOCIATES	X a. Labor Organization	n		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any STE 1300	c. Employer			
Street 1111 SUPERIOR AVENUE				
City CLEVELAND				
State Ohio ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	para and a program and the analysis of the second s		
Name	COUNSELORS OF LAW TO	TEAMSTERS LOCAL UNION 436.		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value o	fough dealing		
	i i i.b. Approximate dollar value (	or such dealing.		
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City State ZIP Code + 4	12.a. Nature of interest held o	And the related to require a provide a communication and the contract of the relative and the re		
	12.a. Nature of interest held o	r income received.		
	12.a. Nature of interest held o	r income received.		
	12.a. Nature of interest held o ENTERTAINMENT TRAVEL AND 2, 2004.  12.b. Amount.	r income received.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held o ENTERTAINMENT TRAVEL AND 2, 2004.  12.b. Amount.	r income received.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.a. Nature of interest held o ENTERTAINMENT TRAVEL AND 2, 2004.  12.b. Amount.  er parts A and B above) or other thing of value.	r income received.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held o ENTERTAINMENT TRAVEL AND 2, 2004.  12.b. Amount.  12.b. Amount.  12.c. Amount.  13.c. Amount.  14.a. Nature of payment.	r income received.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.a. Nature of interest held o ENTERTAINMENT TRAVEL AND 2, 2004.  12.b. Amount.  er parts A and B above) or other thing of value.  14.a. Nature of payment.	r income received.		
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held o ENTERTAINMENT TRAVEL AND 2, 2004.  12.b. Amount.  er parts A and B above) or other thing of value.  14.a. Nature of payment.	r income received.  , ACCOMODATIONS AND MEALS JULY 1  \$98		
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Name of Person Filing GARY	TIBONI	File Number U-	
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TEAMSTERS LOCAL 436 HEALTH & WELFARE		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 6051 CAREY DRIVE	c. Employer	
City VALLEY VIEW		
State Ohio ZIP Code + 4   44125		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES HEALTH AND WELFARE BENEFIT TEAMSTERS LOCAL 436.	rs to members of
Trade Name, if any:	The Committee of C	version of the second s
P.O. Box, Bldg., Room No., if any	TO THE PARTY OF TH	
Street		West-party and the party and t
International control of the control		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	99000000000000000000000000000000000000
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	residential control of the control o	di
	REGISTANCE AND ADMINISTRATION OF THE PROPERTY	10.000
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		or or or other designation of the second of
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	12.b. Amount.	\$1,310

Name of Person Filing GARY TIBONI		File Number U-		
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## Part B Continuation Page

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Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 6051 CAREY DRIVE	c. Employer	
City VALLEY VIEW		
State Ohio ZIP Code + 4 44125		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES HEALTH AND WELFARE BENEFI TEAMSTERS LOCAL 436.	TS TO MEMBERS OF
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	and the state of t	
Street		
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State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	en - o triko Metalakte-Meleter volen i vatisch blesiktivo - delaktivo depila transpila sesse atta majen o o ng
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	12.b. Amount.	\$166